

REFERENCES

- Chou, R., Fu, R., Carrino, J.A. and Deyo, R.A., 2009. Imaging strategies for low-back pain: systematic review and meta-analysis. *Lancet*, 373(9662), pp.463–472.
- Culleton, S., O'Keefe, P. and Quinn, C., 2016. *Imaging of low back pain in older people. An audit of current practice*. Electronic Presentation Online System. European Society of Radiology.
- Department of Clinical Radiology, 2016. *Imaging for Back Pain. An audit of Practice*. The Rotherham NHS Foundation Trust.
- Kendrick, D., Fielding, K., Bentley, E., Kerslake, R., Miller, P. and Pringle, M., 2001. Radiography of the lumbar spine in primary care patients with low back pain: randomised controlled trial. *BMJ (Clinical research ed.)*, 322(7283), pp.400–405.
- Kerry, S., Hilton, S., Dundas, D., Rink, E. and Oakeshott, P., 2002. Radiography for low back pain: a randomised controlled trial and observational study in primary care. *The British Journal of General Practice*, 52(479), pp. 469–474.
- National Collaborating Centre for Primary Care, 2016. *Low back pain: early management of persistent non-specific low back pain*. Full guideline May 2009. [online] Available at: <<https://www.nice.org.uk/guidance/cg88/evidence/full-guideline-243685549>> [Accessed 2 October 2016].
- Pullicino, G., Sciortino, P., Calleja, N., Schäfer, W., Boerma, W. and Groenewegen, P., 2015. Comparison of patients' experiences in public and private primary care clinics in Malta. *European Journal of Public Health*, 25(3), pp. 399–401.
- Reinus, W.R., Strome, G. and Zwemer, F.L., Jr., 1998. Use of lumbosacral spine radiographs in a level II emergency department. *American Journal of Roentgenology*, 170(2), pp. 443–447.
- The Royal College of Radiologists, 2016. *The Royal College of Radiologists Imaging Referral Guidelines 2011*. [online] Available at: <<https://www.rcr.ac.uk/clinical-radiology/being-consultant/rcr-referral-guidelines/about-irefer>> [Accessed 2 October 2016].
- Wong, S.Y.S., Kung, K., Griffiths, S.M., Carthy, T., Wong, M.C.S., Lo, S.V., Chung, V.C.H., Goggins, W.B. and Starfield, B., 2010. Comparison of primary care experiences among adults in general outpatient clinics and private general practice clinics in Hong Kong. *BMC Public Health*, 10(1), p. 397.

RESEARCH ARTICLE

Patient satisfaction in Maltese public health centres

Dr Kirsten SCHEMBRI

ABSTRACT

Background

Patient-centred care is a core value in family medicine. Patients have a right to receive high quality health care taking into account the individual's biopsychosocial problems.

Objective

To assess patient satisfaction in north and central Maltese public health centres and identify areas for improvement.

Method

A total of 120 patients were included. Prior authorisation from the Primary Health Care Department and from the data protection office was acquired. Patients who visited the health centre for the general practitioner (GP) service

and accepted to take part in the questionnaire were required to sign a consent form. A questionnaire was then given to each of these patients on which they had to mark their level of satisfaction in each of the following areas: waiting time, making appointments, speaking with a doctor on the phone, doctor-patient communication, patients' privacy and dignity, and overall satisfaction.

Results

From a total of 120 patients, 39.2% (n=47) stated that they were not at all satisfied with waiting times at health centres. 49.2% (n=59) were "very satisfied" with the overall service given at health centres. Patients suggested increasing the number of doctors in health centres and having a more organised system whilst waiting at the GP clinic. The Diabetes and Chronic Disease Management Clinics received very positive feedback from patients.

Conclusion

This survey has helped to gauge patients' perceptions of primary care delivered in Maltese public health centres. More research in this area should be carried out possibly using a larger number of patients to obtain more representative results.

Key words

Patient satisfaction, primary care, health-centres

INTRODUCTION

Patient-centred care is "acknowledged as a core value" in family medicine. The aim of this study was to assess patient satisfaction in public primary care and identify areas for improvement (White, 1999) in order to deliver high quality health care and ensure a positive overall biopsychosocial experience for patients and their relatives. Good care of patients in primary care will help to prevent complications in secondary care. This will in the long term decrease population morbidity and lead to better equity and health outcomes (Mallia, 2006).

METHODOLOGY

A total of 120 patients were included in this survey carried out at health centres in the north and central regions of Malta between March and October 2016. Authorisation from the Primary Health Care Department and from the data protection office was acquired beforehand. Patients who visited the health centre for the GP service were invited to carry out this survey. Inclusion criteria were Maltese patients (males and females) who were deemed competent to fill in the survey and who accepted the invitation. In certain cases, patients required further explanation and assistance to fill in the questionnaire. Patients with visual and hearing impairments as well as those with learning disabilities were excluded from the survey. After the GP consultation, patients who accepted to take part in the questionnaire were required to sign a consent form. A questionnaire was then given to each of these patients on which they had to mark their level of satisfaction in each of the following areas: waiting time, making appointments, speaking with a doctor on the phone, doctor-patient communication, patients' privacy and dignity, and overall satisfaction. The questionnaire which was used is shown in Figure 1.

RESULTS

From a total of 120 patients, 39.2% of them (n=47) stated that they were not at all satisfied with waiting

times at health centres. 38.3% of patients (n=46) were very satisfied when they made appointments at the health centre for clinics run by either doctors or allied health professionals. 49.2% (n=59) were very satisfied with the overall service given at health centres. None of the patients claimed that they were "not at all satisfied" with respect to doctor-patient communication and respect to patients' privacy and dignity (Figure 2).

When asked whether they would recommend the health centre to a family member or friend, all patients replied in the affirmative. The commonest remark written by participants was that there should be a greater number of doctors in health centres primarily in order to decrease waiting times. In fact, 10.8% of the patients in the survey (n=11) specified that more GPs should be available in health centres. Other comments that were mentioned were:

- A more organised system whilst waiting in the GP clinic;
- Patients commended the Diabetes and Chronic Disease Management Clinics since they felt that their chronic conditions are being monitored more closely, rather than having to wait to be seen only in secondary care. They were particularly satisfied with the appointments given for these clinics (i.e. appointments were "not too far away" compared to appointments given in secondary care).






DISCUSSION

Primary health care as stated by the Alma-Ata Declaration "is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible where people live and work, and constitutes the first element of a continuing health care process" (Declaration of Alma-Ata, 1978). Since primary care is the individual's first contact with health care, its foundation lies in the adoption of a good doctor-patient relationship, continuity and coordination of care (Sammur, 2003).

According to the Institute of Medicine (Institute of Medicine (US) Committee on Quality of Health Care in America, 2001) patient-centred care is defined as "care that is respectful of and representative to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions". The patient-centred approaches incorporated into medical training are key determinants of patient satisfaction and are associated with improved health outcomes. Patient-centred physicians are more sensitive to the perceived

Figure 1: Copy of patient satisfaction questionnaire

Please indicate with a tick (✓) according to whether you are satisfied or not in the following areas

	    	Not at all Satisfied	Slightly Satisfied	Neutral	Very Satisfied	Extremely Satisfied
Waiting time						
Appointments for checkups						
Speaking with a doctor on the phone						
Doctor-patient Communication						
Patients' privacy and dignity						
General Satisfaction						

Please feel free to write down your suggestions below:

- **Would you recommend this clinic to a family member or friend?** Yes / No
- **What can be done to improve our service?**

(Questionnaire adapted from: American Academy of Family Physicians, 2015. *Patient Satisfaction Survey. Family Practice Management*. Available at: <<http://www.aafp.org/fpm/1999/0100/fpm19990100p40-rt1.pdf>>. [Accessed October, 2016].)

needs of their patients and are able to identify the extent to which their patients want to receive information and to be involved in decision making (Krupat et al., 2000).

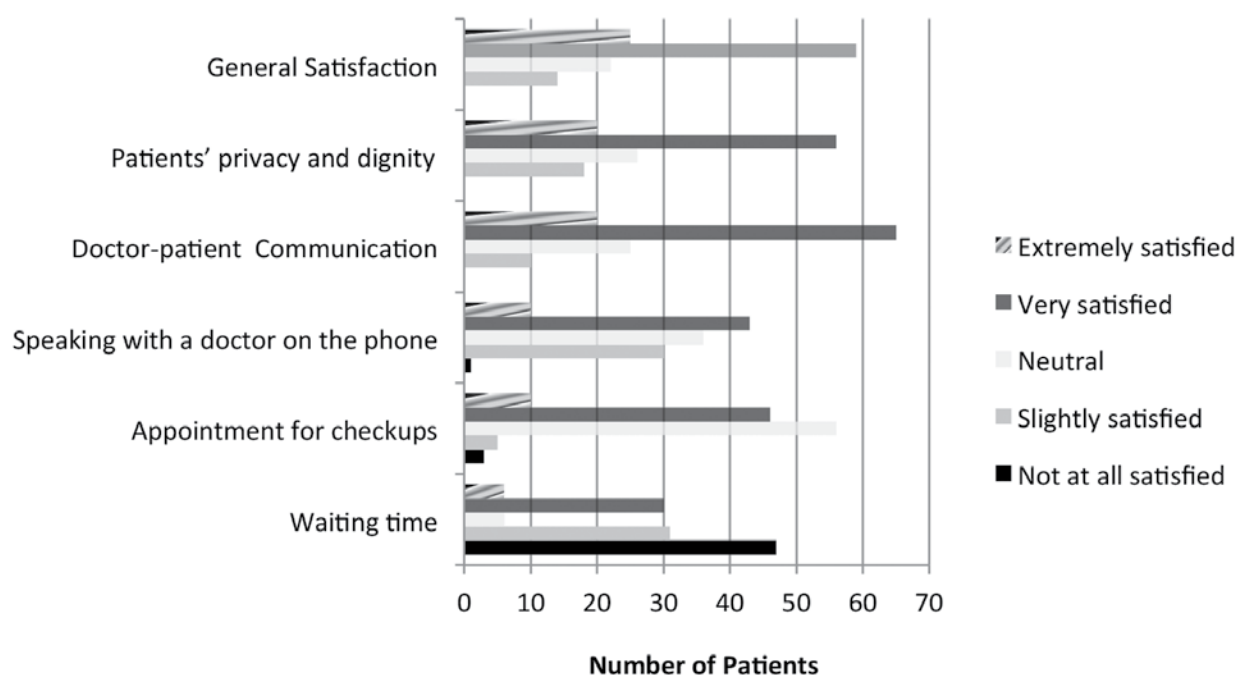
Patient satisfaction is therefore of great significance to patient-centred care. The latter has been associated with several positive outcomes including reduction of malpractice complaints and improvements in physician satisfaction, consultation time, patients' emotional state, and medication adherence (Hudon et al., 2011).

Previous studies such as that carried out by Bezzina (2013) have shown that general levels of satisfaction with primary care are high. The strongest predictor for

patient satisfaction was that the GP listens carefully to the patient during the consultation. In fact, when doctors listened carefully to the patients during the consultation, patients were 31 times more likely to be satisfied with the consultation (Bezzina, 2013).

Good communication skills play a considerable role in patient satisfaction and in the delivery of high-quality health care. Haskard Zolnierrek and DiMatteo (2009) showed that there is a 19% higher risk of non-adherence to treatment among patients whose physician communicates poorly compared to patients whose physician communicates well. Training

Figure 2: Bar graph showing results of patient satisfaction survey



physicians in communication skills therefore results in substantial and significant improvements in patient adherence. In fact, when a doctor receives training in communication skills, the odds of patient adherence are 1.62 times higher than when a physician receives no training (Haskard Zolnierrek and DiMatteo, 2009).

Rakel (1995) recognises the doctor-patient relationship as a central principle in family medicine. The family physician has an interest in providing ethical and humane care within the boundaries of the doctor-patient relationship (Mallia, 2006) and can act as an advocate on the patient's behalf. The doctor-patient relationship is established on the belief that a patient is an individual shaped by biological, personal, family, environmental, cultural and social dimensions (Mallia, 2006).

It was interesting to note that from the above results that none of the patients were dissatisfied with the doctor-patient relationship and with respect to patients' privacy and dignity in Maltese public health centres. Having said that, one must point out that there was possibly a degree of bias when answering this survey given by the doctor after a consultation. Patients who took part in this survey commented favourably with regards to the Diabetes and

Chronic Disease Management Clinics (CDMC) in health centres. Diabetes is a major health problem in Malta, affecting 10.1% of all 20-79 year olds according to data from the International Diabetes Federation (Calleja et al., 2014). Moreover, this condition still carries significant stigma which would need to be explored by the patient's family doctor. The main aims of diabetic care and regular follow-up is to prevent macrovascular (coronary artery disease, peripheral arterial disease, and stroke) and microvascular complications (diabetic nephropathy, neuropathy, and retinopathy). The general practitioner who cares for his patients holistically therefore plays a strategic role in diabetes management since both the biological and psychosocial aspects of the condition can be addressed. Moreover, the primary care physician is usually the one who treats diabetic emergencies in the community such as hypoglycaemias (Mallia, 2006).

The Diabetes Shared Care programme between the Primary Health Care Department and the Department of Endocrinology and Diabetes in Mater Dei Hospital upholds the Saint Vincent Declaration and offers continuity of care and holistic support for patients with diabetes in Malta (Government of Malta, 2016).

With regards to the CDMC, this functions to improve integration of services for patients suffering from other chronic conditions such as hypertension and hyperlipidaemia, hence reducing fragmentation of care.

One of the limitations of this survey was that the sample size used was rather small considering the large amount of patients who visit Maltese public health centres. This was mainly because the response rate was low. Patients were selected using convenience sampling and therefore there might have been a high level of sampling error. Also, the demographic details (such as age and gender) of each patient taking part in the survey were not recorded. There was possibly a significant degree of recall bias and selection bias with respect to the type of patients who accepted to take the time to answer questions and add their own comments.

Another major limitation of this survey was that patients' experience in the private sector was not assessed given that the Maltese system is a dual private-public system. A study by Pullicino et al. (2014) showed that there is a significant degree of overlap between the two systems, i.e. public patients also use private GP services and vice versa. Also, there was no significant difference in patients' self-reported health improvement between the public and private primary care clinics (Pullicino et al, 2014).

ACKNOWLEDGEMENTS

The author wishes to express sincere thanks to Dr Gunther Abela and Dr Mario Sammut who encouraged her to develop her ideas and thoughts into this article. She would also like to thank Dr Anthony Livori and Dr Charmaine Cremona for their advice during the initial phase of the survey.

Dr Kirsten SCHEMBRI

GP Trainee, Primary Health Care Department, Malta
MSc in Internal Medicine student, University of Edinburgh,
Scotland, U.K.

Email: kirsten.schembri@gov.mt

CONCLUSION

This survey has helped to gauge patients' perceptions of primary care delivered in Maltese public health centres. Following the results from this survey, recommendations for administrators include a more organised system particularly to decrease waiting times and possibly better triage of patients. The Diabetes and Chronic Disease Management Clinics are an important means of achieving integration of health services and therefore more input should continue to be invested in these clinics. Carrying out more research in this area and using a larger number of patients would possibly obtain more representative results.

REFERENCES

- American Academy of Family Physicians, 2015. Patient Satisfaction Survey. *Family Practice Management*. Available at: <<http://www.aafp.org/fpm/1999/0100/fpm19990100p40-rt1.pdf>>. [Accessed October, 2016].
- Bezzina, G., 2013. The quality of primary care in Malta: patients' experiences, views and actions. M.Sc. Public Health thesis, University of Malta, Malta.
- Calleja, N., Azzopardi Muscat, N., Reiff, S., Fava, S., Vassallo, J., Torpiano, J. et al., 2014. *Diabetes: A National Public Health Priority. Proposal for a National Strategy for Diabetes (2015-2020)*. Consultation on Diabetes Strategy, Ministry for Energy and Health (Health), Malta.
- Declaration of Alma-Ata, 1978. International Conference on Primary Health Care. Alma-Ata, USSR.
- Government of Malta, 2016. *Diabetes Shared Care Programme Overview* [online]. Available at: <<https://health.gov.mt/en/phc/Pages/Services/Diabetes-Shared-Care-Programme/Diabetes-Overview.aspx>>. [Accessed 23 October 2016].
- Haskard Zolnieriek, K. B., and DiMatteo, M. R., 2009. Physician Communication and Patient Adherence to Treatment: A Meta-Analysis. *Medical Care*, 47(8), pp. 826-834.
- Hudon, C., Fortin, M., Haggerty, J.L., Lambert, M. and Poitras, M.E., 2011. Measuring patients' perceptions of patient-centred care: a systematic review of tools for family medicine. *Annals of Family Medicine*, 9(2), pp. 155-64.
- Institute of Medicine (US) Committee on Quality of Health Care in America, 2001. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: National Academy Press.
- Krupat, E., Rosenkranz, S.L., Yeager, C.M., Barnard, K., Putnam, S.M. and Inui, T.S., 2000. The practice orientations of physicians and patients: the effect of doctor-patient congruence on satisfaction. *Patient Education and Counseling*, 39(1), pp. 49-59.
- Mallia, P., 2006. *You & Your Doctor*, Malta: Agenda.
- Pullicino, G., Sciortino, P., Calleja, N., Schäfer, W., Boerma, W. and Groenewegen, P., 2015. Comparison of patients' experiences in public and private primary care clinics in Malta. *The European Journal of Public Health*, 25(3), pp. 399-401.
- Rakel, R.E., 2015. *A Textbook of Family Practice*, 9th edition. New York: Saunders.
- Sammut, M., 2003. State primary health care: addressing medical manpower needs. M.Sc. Health Services Management thesis, University of Malta, Malta.
- White, B., 1999. Measuring patient satisfaction: How to do it and why to bother. *Family Practice Management*, 6(1), pp. 40-4.